

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9912</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>Efren Barajas</u>  P.O. Box, Bldg., Room No., if any <u>PO Box 2515</u>  Street <u>519 Main Street</u>  City <u>Watsonville</u>  State <u>CA</u> ZIP Code + 4 <u>95076</u>	3. Name, file number, and address of labor organization. Name <u>United Farm Workers of America</u>  Labor Organization File Number <u>000-323</u>  P.O. Box, Building and Room Number, if any <u>PO Box 62</u>  Street <u>29700 Woodford Tehachapi Rd</u>  City <u>Keene</u>  State <u>CA</u> ZIP Code + 4 <u>93531</u>
5. Position in labor organization. <u>3rd Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

3. Name and address of Employer (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code + 4 \_\_\_\_\_

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Efren Barajas*

On 3/30/05  
Date

831-763-4820

Telephone Number

Name of Person Filing <b>Efren Barajas</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Robert F. Kennedy Medical Plan</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 47</u></p> <p>Street <u>29700 Woodford Tehachapi Rd</u></p> <p>City <u>Keene</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>93531</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><b>Board Trustee</b></p>
	<p>11.b. Approximate dollar value of such dealing. _____</p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>Cash Reimb-Mtg in Raleigh, NC</b>  <b>Cash Reimb-IFEPP 2005 Annual Meeting</b></p>
	<p>12.b. Amount <span style="float: right;"><b>538.00</b></span></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.a. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing **Efren Barajas**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Juan De La Cruz Pension Plan**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any **PO Box36**Street **29700 Woodford Tehachapi Rd**City **Keene**State **CA** ZIP Code + 4 **93531**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.  
**Board Trustee**

11.b. Approximate dollar value of such dealing. \_\_\_\_\_

12.a. Nature of interest held or income received.

**Cash Reimb-Mtg in Raleigh, NC**  
**Cash Reimb-IFEBP 2005 Annual Mtg**12.b. Amount **1,613.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment. \_\_\_\_\_

Each labor organization officer or employee, as defined in the LMRDA, if he/she or his/her spouse or minor child has held any of the interests or engaged in any of the transactions set forth in this form and the instructions must file Form LM-30 *within 90 days* after the end of his/her fiscal year. If, however, you were an officer or employee for only a portion of the fiscal year, you may limit this report to that portion of the fiscal year.

## VI. WHERE TO FILE

The completed Form LM-30 and any additional pages must be mailed to the following address:

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

## VII. PUBLIC DISCLOSURE

Pursuant to the LMRDA, the U.S. Department of Labor is required to make all submitted reports available for public inspection. You may examine the Form LM-30 reports at, and purchase copies from, the OLMS Public Disclosure Room at the address listed in Section VI, or at the OLMS field office in whose jurisdiction the reporting officer or employee is located. At the end of these instructions is a list of OLMS field offices.

## VIII. OFFICER AND EMPLOYEE RESPONSIBILITIES AND PENALTIES

The labor organization officer or employee required to sign Form LM-30 is personally responsible for its filing and accuracy. Under the LMRDA, this individual is subject to criminal penalties for willful failure to file a required report and/or for false reporting. False reporting includes making any false statement or misrepresentation of a material fact while knowing it to be false, or for knowingly failing to disclose a material fact in a required report or in the information required to be contained in it or in any information required to be submitted with it.

The reporting labor organization officer or employee required to sign Form LM-30 is also subject to civil prosecution for violations of filing requirements. Section 210 of the LMRDA provides that, "whenever it shall appear that any person has violated or is about to violate any of the provisions of this title, the Secretary may bring a civil action for such relief (including injunctions) as may be appropriate."

## IX. RECORDKEEPING

The individual required to file Form LM-30 is responsible for maintaining records which must provide in sufficient

detail the information and data necessary to verify the accuracy and completeness of the report. You must retain the records for at least 5 years after the date the report is filed. You must retain any record necessary to verify, explain, or clarify the report including, but not limited to, vouchers, worksheets, receipts, and applicable resolutions.

## X. COMPLETING FORM LM-30

*Read the instructions carefully before completing Form LM-20.*

**Information Entry.** Entries on the report should be typed or clearly printed in black ink. Do not use a pencil or any other color ink.

**Entering Dollars.** In all items dealing with monetary values, report amounts in dollars only; do not enter cents. Round cents to the nearest dollar. Enter a single "0" in the boxes for reporting dollars if you have nothing to report.

**Additional Pages.** If you need additional space to complete an item, include the additional information on a separate letter-size (8.5 x 11) page(s), indicating the number of the item to which the information applies. Print clearly at the top of each attached page the following information: (1) full name of the reporting labor organization officer or employee, (2) his/her 5-digit file number as reported in Item 1, if available; and (3) the ending date of the reporting period as reported in Item 2. All attachments must be labeled sequentially 1 of \_\_, 2 of \_\_, etc.

## INFORMATION ITEMS 1 - 5

**1. FILE NUMBER—**Enter the five-digit file number assigned by OLMS for the reporting officer or employee. Officers or employees who filed an LM-30 prior to October 2003 received four-digit file numbers. OLMS has now expanded file numbers to five digits. Place a zero in front of your old four-digit file number to meet the new format requirement. For example, if your old file number was 1234, enter 01234 in Item 1 of this year's report. If you have never previously filed the Form LM-30, leave Item 1 blank.

**2. FISCAL YEAR—**Enter the beginning and ending dates of the fiscal year covered in this report. This will normally be the same date as the end of the year for which the person filing this report files his/her Federal income tax return. This LM-30 must not cover more than a 12-month period. For example, if the reporting person's 12-month fiscal year begins on January 1 and ends on December 31, do not enter a date beyond the 12-month period, such as January 1 to January 1; this is an invalid date entry.